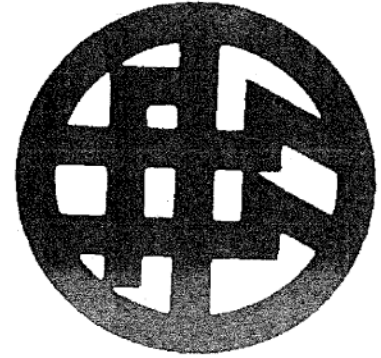


EXHIBIT A



ACCOUNT APPLICATION

In this BLUSA International Account Application, you provide the information necessary to open an account with us. If you wish to open both a Personal Account and a Business Account, please use two Account Applications.


☒ NEW ACCOUNT

☐ UPDATE TO EXISTING ACCOUNT

ACCOUNT TITLE ENRIQUE EHRlich OR DAVID EHRlich

(For Personal Accounts, last name first)

Account No. to be completed by Representative

ACCOUNT NO. 

ACCOUNT TYPE Index # 278307

<input type="radio"/> PERSONAL	<input type="radio"/> BUSINESS
Check at least one	Check at least one
<input checked="" type="radio"/> Checking with Interest	<input type="radio"/> Checking without Interest
<input type="radio"/> Money Market	<input type="radio"/> Money Market

WILL ACCOUNT BE:	YES	NO	PAGE IN ACCOUNT TERMS	SHOULD WE:	YES	NO	PAGE IN ACCOUNT TERM	
Joint Account?	<input checked="" type="radio"/>	<input type="radio"/>	3	prepare account statements. (check only one) <input type="radio"/> monthly? <input checked="" type="radio"/> quarterly? <input type="radio"/> annually?	<input type="radio"/>	<input type="radio"/>	4	
"in trust for" account?	<input type="radio"/>	<input type="radio"/>	2-3		Send with your statement paid checks and memo items.	<input type="radio"/>	<input type="radio"/>	4
"account designated by number or otherwise"?	<input type="radio"/>	<input checked="" type="radio"/>	4			ARE YOU APPOINTING AN ATTORNEY-IN-FACT?	<input type="radio"/>	<input checked="" type="radio"/>
NAME								
SHOULD WE:								
hold all mail?	<input type="radio"/>	<input checked="" type="radio"/>	2, 9					
verify telephone (oral or facsimile transmission) payment orders before execution?	<input checked="" type="radio"/>	<input type="radio"/>	6-7					

For personal account, go to page 2
For business account, go to page 6

INFORMATION AS TO MAIN OWNER

OWNER 1	LAST NAME	FIRST NAME	MI
	ERLICH	ENRIQUE	
	PERMANENT RESIDENCE ADDRESS		
	RECTOR ESPERANZA 639/102		
	STREET		
	COUNTRY		
	HOME TELEPHONE		
	00382 746644		
	VOICE ()	FACSIMILE ()	Area Code
If circumstances require us to send you a facsimile transmission or you request material by facsimile transmission, should we contact you on Voice Line before the transmission?			
<input checked="" type="radio"/> yes <input type="radio"/> no			
	BUSINESS TELEPHONE		
	00382 2090560		
	VOICE ()	FACSIMILE ()	Area Code
If circumstances require us to send you a facsimile transmission or you request material by facsimile transmission, should we contact you on Voice Line before the transmission?			
<input checked="" type="radio"/> yes <input type="radio"/> no			
	DATE OF BIRTH	(Month Day Year)	OCCUPATION
	5/14/1987		owner ERLICH
	EMPLOYER		
	ERLICH HROS CO.		
	EMPLOYER ADDRESS (Street, City, State, Zip, Country)		
	JUSTICIA 2192 - MONTEVIDEO		
	CITIZENSHIP (National ID # if none, Passport #)		
	CUV 1.13024817		
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you checked "Yes" to "hold mail")			
	LAST NAME	FIRST NAME	MI
	JUSTICIA 2192		
	STREET	CITY	POSTAL CODE
	MONTEVIDEO		
	COUNTRY		
	URUGUAY		

Attach copy of an ID or Passport Photo for each owner.
If joint account, go to page 3. If not joint account but "in trust for" account, go to page 4.
If not joint account and not "in trust for" account, go to Customer Agreement page 6.
If "in trust for" go to page 6

INFORMATION AS TO ADDITIONAL OWNERS

Complete for each additional owner of joint account.
Rule out unused sections.

OWNER 2	LAST NAME	EARLICH	FIRST NAME	DAVID	MI
PERMANENT RESIDENCE ADDRESS					
RIVER CHURCH 639/602					
STREET					
CITY					
COUNTRY					
HOME TELEPHONE					
VOICE ()					
BUSINESS TELEPHONE					
VOICE ()					
DATE OF BIRTH					
(M D Y)					
CITIZENSHIP (with national identity number or, if none, passport number)					
OWNER 3	LAST NAME		FIRST NAME		MI
PERMANENT RESIDENCE ADDRESS					
STREET					
COUNTRY					
HOME TELEPHONE					
VOICE ()					
BUSINESS TELEPHONE					
VOICE ()					
DATE OF BIRTH					
(M D Y)					
CITIZENSHIP (with national identity number or, if none, passport number)					
OWNER 4	LAST NAME		FIRST NAME		MI
PERMANENT RESIDENCE ADDRESS					
STREET					
COUNTRY					
HOME TELEPHONE					
VOICE ()					
BUSINESS TELEPHONE					
VOICE ()					
DATE OF BIRTH					
(M D Y)					
CITIZENSHIP (with national identity number or, if none, passport number)					

BENEFICIARIES

*Complete for each Beneficiary of "in trust for" account
Rule out unused sections.*

1	BENEFICIARY NAME (Last Name, First Name, MI)	PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)	COUNTRY	CITIZENSHIP (with National Identity Number or, if none, Passport Number)	RELATIONSHIP TO PRIMARY OWNER	DATE OF BIRTH	M	D	Y	MI
2	BENEFICIARY NAME (Last Name, First Name, MI)	PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)	COUNTRY	CITIZENSHIP (with National Identity Number or, if none, Passport Number)	RELATIONSHIP TO PRIMARY OWNER	DATE OF BIRTH	M	D	Y	MI
3	BENEFICIARY NAME (Last Name, First Name, MI)	PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)	COUNTRY	CITIZENSHIP (with National Identity Number or, if none, Passport Number)	RELATIONSHIP TO PRIMARY OWNER	DATE OF BIRTH	M	D	Y	MI
4	BENEFICIARY NAME (Last Name, First Name, MI)	PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)	COUNTRY	CITIZENSHIP (with National Identity Number or, if none, Passport Number)	RELATIONSHIP TO PRIMARY OWNER	DATE OF BIRTH	M	D	Y	MI

Attach copy of an ID or Passport picture for each beneficiary.

BASIC INFORMATION FOR BUSINESS ACCOUNTS

BUSINESS NAME	
TYPE OF ORGANIZATION (e.g., corporation, unincorporated association)	
ORGANIZED UNDER LAWS OF (country)	
BUSINESS ADDRESS (specify even if you choose "hold mail")	
STREET	CITY
COUNTRY	POSTAL CODE
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you choose "hold mail")	
LAST NAME	FIRST NAME
STREET	CITY
COUNTRY	POSTAL CODE
FOR A CORPORATION OR UNINCORPORATED ASSOCIATION,	
DATE ON WHICH CORPORATE AUTHORITY PROVISIONS (ARTICLE VII) OF THE INTERNATIONAL ACCOUNT TERMS BOOKLET WERE DULY ADOPTED AND APPROVED BY THE BOARD OF DIRECTORS, OTHER GOVERNING BODY, OR, IF NO GOVERNING BODY, THE MEMBERS	
M	D
Y	

5

CUSTOMER AGREEMENT

1. The Account Owner represents and warrants that all information is true, correct, and complete.
2. The Account Owner confirms receiving a copy of, and agreeing to, the International Account Terms.
3. For purposes of Line 1, "Account Owner" refers to each individual signing this page.
4. Each individual signing this page is authorized to sign singly in transacting all business for this Account unless otherwise specified to the right of the signer.

I UNDERSTAND THAT DEPOSITS MAY BE OPENED IN, AND FINANCIAL ASSETS PURCHASED AND SOLD THROUGH, THE ACCOUNT, EXCEPT FOR DEPOSITS WITH YOUR NEW YORK HEAD OFFICE. I UNDERSTAND THAT DEPOSITS ARE NOT FDIC INSURED. I ALSO UNDERSTAND THAT FINANCIAL ASSETS PURCHASED THROUGH THE ACCOUNT ARE

- NOT INSURED BY THE FDIC.
- NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, YOU, YOUR AFFILIATES, OR ANY OTHER DEPOSITORY INSTITUTION, AND
- SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Rule out unused sections

1	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with _____ on or with _____ in POA section
2	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with _____ on this page or with _____ on next page
3	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with _____ on this page or with _____ on next page
4	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with _____ on this page or with _____ on next page

Complete if you checked "Yes" to appointing an Attorney-in-Fact
Each Attorney-in-Fact must also sign Attorney-in-Fact Signature Card

A	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with _____ in this section or with _____ No. _____ in above section
	TELEPHONE NUMBER	
	SPECIMEN SIGNATURE: X	
B	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with _____ in this section or with _____ No. _____ in above section
	TELEPHONE NUMBER	
	SPECIMEN SIGNATURE: X	
C	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with _____ on this page or with _____ No. _____ on above section
	TELEPHONE NUMBER	
	SPECIMEN SIGNATURE: X	

6

CERTIFICATE OF FOREIGN STATUS

For Joint Accounts, each account owner must sign.
For Business Accounts, indicate signer's title.

Under penalties of perjury, we certify that

For INTEREST PAYMENTS and for DIVIDENDS, we are not U.S. citizens or residents (or we are filing for a foreign corporation, estate or trust).

For BROKER TRANSACTIONS, we are Exempt Foreign Persons.*

1. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE: X						
PERMANENT RESIDENCE - ADDRESS						
STREET						
2. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE: X						
PERMANENT RESIDENCE - ADDRESS						
STREET						
3. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE: X						
PERMANENT RESIDENCE - ADDRESS						
STREET						
4. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE: X						
ADDRESS:						
STREET						

*You are an Exempt Foreign person for a calendar year in which (i) you are a nonresident alien individual or a foreign corporation, estate, or trust; (ii) if an individual, you have not been, and plan not to be, present in the United States for a total of 183 days or more during the year; and (iii) you are neither engaged, nor plan to be engaged during the year, in a U.S. trade or business that has effectively connected gains from transactions with a broker or barter exchange.

KNOW YOUR CUSTOMER PROFILE

1. Upon whose recommendation is Account Owner opening the Account?

EXISTING CUSTOMER LOAN LATIN AMERICA

2. Does any Account Owner have a relationship with another bank or depository institution?

☒ yes ☐ no

If "yes," indicate name and location of the bank or other depository institution:

Name of Bank or Other
Depository Institution

LOAN LATIN AMERICA

Location

HAPOAZIM

3. FOR PERSONAL ACCOUNTS (for each account owner)

a) What is Account Owner's occupation? owner

b) If retired,

When did Account Owner retire? 50

What was Account Owner's occupation immediately before retirement?

c) Do others have, or are they expected to have, a beneficial ownership interest in the Account - for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?

☐ yes ☐ no

If "yes," provide the following information for each person other than Account Owner who is indicated as having a beneficial ownership interest in the Account.

Name:

Address:

Home Telephone:

Business Telephone:

Occupation:

FOR BUSINESS ACCOUNTS

- a. Is the corporation publicly-held? ☐ yes ☐ no

If "no," provide the following information for each of the corporation's primary principals:

Name: _____
 Address: _____
 Home Telephone: _____
 Business Telephone: _____
 Occupation: _____
 Employer: _____ Years there: _____
 Employer Address: _____

- b. Is the corporation substantially engaged in a trade or business other than managing financial assets? ☐ yes ☐ no

If "yes," provide the following information for the corporation:

What is that nature of that trade or business?

Under what name is that trade or business conducted?

What is the primary location at which that trade or business conducted?

Did individual completing this profile personally visit that location? ☐ yes ☐ no

If "yes," (i) when was that?

(date) (time)

(ii) describe what was observed, including both a brief physical description of premises and activities observed?

- a) During the next 12 months, what are the activities Account Owner intends to conduct through the Account? Indicate US dollar volume for each activity.

TIME DEPOSITS	INVESTMENTS
US\$ or US\$ equivalent	US\$ 4. MM.

- b) Does Account Owner indicate additional funds will be transferred to the Account during the next 12 months? ☐ yes ☐ no
 If "yes," what activities or circumstances primarily resulted in the acquisition of those funds?

☒ Inheritances

- ☒ Securities ☐ Operation of a business
☐ Real Estate ☒ Investment activities
☐ Sale of business ☐ Other (describe)

1. I met with Account Owner (name) _____ or, if
 a Business Account, Account Owner's principal (name) _____
 on _____;

2. Such individual provided the above information to me personally;

3. I examined such individual's passport and confirm that the passport photo shows a true likeness;

4. I verified such individual's residence address;

5. Such individual signed the Customer Agreement page in my presence
 on _____; and

6. I reviewed the Application for completeness.

Signature of Rep Officer

Date:

Reviewed By:

Date:

BLUSA Officer

ACCOUNT 0860
 TITLE

☐ NEW ACCOUNT
☐ UPDATE

CUSTOMER SIGNATURE CARD

TYPE OR PRINT NAME (and title if Business Account) AND SIGN IN BOX UNDERNEATH

1 ☐ Jointly with No. hereon, or with
 No. on Attorney-in-Fact Card dated
 mm / dd / yy

2 ☐ Jointly with No. hereon, or with
 No. on Attorney-in-Fact Card dated
 mm / dd / yy

3 ☐ Jointly with No. hereon, or with
 No. on Attorney-in-Fact Card dated
 mm / dd / yy

4 ☐ Jointly with No. hereon, or with
 No. on Attorney-in-Fact Card dated
 mm / dd / yy

Unless otherwise specified hereon and in Account Application, each may sign singly

ACCOUNT 07-000000
 TITLE

☐ NEW ACCOUNT
☐ UPDATE

ATTORNEY-IN-FACT SIGNATURE CARD

TYPE OR PRINT NAME (and title if Business Account) AND SIGN IN BOX UNDERNEATH

1 ☐ Jointly with No. hereon, or with
 No. on Customer Card dated
 mm / dd / yy

2 ☐ Jointly with No. hereon, or with
 No. on Customer Card dated
 mm / dd / yy

3 ☐ Jointly with No. hereon, or with
 No. on Customer Card dated
 mm / dd / yy

4 ☐ Jointly with No. hereon, or with
 No. on Customer Card dated
 mm / dd / yy

Unless otherwise specified hereon and in Account Application, each may sign singly

Form **W-8BEN**
(October 1999)Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**Section references are to the Internal Revenue Code. See separate instructions.
Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-0047

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual. Instead, use Form W-9.
- A foreign partnership (see instructions for exceptions). W-8-CPE or W-8-EU.
- A foreign government, international organization, foreign central bank of issue, tax-exempt organization, or private foundation, claiming the applicability of section(s) 907(c), 892, 893, or 1443(b). W-8-ECI or W-8-EX.
- A person acting as an intermediary. A.
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States. V.

Part I Identification of Beneficial Owner (See instructions)

1 Name of individual or organization that is the beneficial owner

ENRIQUE EHRlich

2 Country of incorporation or organization

DRUGS3 Type of beneficial owner: ☒ Individual ☐ Corporation ☐ Disregarded entity ☐ Partnership ☐ Trust ☐ Foreign government ☐ International organization ☐ Foreign central bank of issue ☐ Foreign tax-exempt organization

4 Permanent residence address (Street, apt. or suite no., or rural route). Do not use a P.O. box.

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (see instructions)

☐ SSN or ITIN ☐ EIN

7 Foreign tax identifying number, if any (see instructions)

8 Account number(s) (optional)

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c ☐ The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (see instructions).
- d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest in U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 9933 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions). The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____% rate of withholding on (specify type of income) _____
Explain the reasons the beneficial owner meets the terms of the treaty article: _____**Part III Notional Principal Contracts**11 ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or better exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business within the United States, and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of expatriation) or, if such person, I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date

Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 1545-0047

Form **W-8BEN**

(October 1998)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**➤ Section references are to the Internal Revenue Code. ➤ See separate instructions.
➤ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-0047

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual. Instead, use Form W-9.
- A foreign partnership (see instructions for exceptions). W-8ECI or W-8P.
- A foreign government, international organization, foreign central bank of issue, tax-exempt organization, or private foundation, claiming the applicability of section(s) 501(c), 892, 895, or 1442(b). W-8ECI or W-8P.
- A person acting as an intermediary. W-8P.
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States. W-8P.

Part I Identification of Beneficial Owner (See instructions)

1 Name of individual or organization that is the beneficial owner DAVID EHRlich		2 Country of incorporation or organization URUGUAY	
3 Type of beneficial owner: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Foreign government <input type="checkbox"/> International organization <input type="checkbox"/> Foreign central bank of issue <input type="checkbox"/> Foreign tax-exempt organization			
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box. City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)			
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)			
6 U.S. taxpayer identification number, if required (see instructions) <div style="text-align: center;"><input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN</div>		7 Foreign tax identifying number, if any (see instructions)	
8 Account number(s) (optional)			

Part II Claim of Tax Treaty Benefits (if applicable)

- 9 I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
 - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
 - c ☐ The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (see instructions).
 - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest in U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
 - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 9933 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10 Special rates and conditions (if applicable—see instructions). The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____% rate of withholding on (specify type of income) _____.
- Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Notional Principal Contracts

- 11 ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business within the United States, and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of expatriation), or, if I am subject to section 877, I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date

Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 250472

Form W-8BEN



Bank Leumi USA E-banking Application and Agreement

Account Title: *ENRIQUE EHRlich*
OR DAVID EHRlich

Accessible Account Number: *1*
0810

Location where Leumi e-banking will primarily be used:

005982 7116617

Phone at that location:

ROQUE GRASAS 639/102
MONTVIDEO URUGUAY

Current hardware (PC or Mac, and processor) and operating system:

PC

Name of representative (if any) authorized to use Leumi e-banking on my behalf:

I apply for access to Leumi e-Banking as to the accounts indicated below upon the terms set forth in this Application and Agreement

Customer Name:

Signature:

[Signature] *[Signature]*

If business Account:

Title:

Date February 5, 2002

Approved by:

For Personal Accounts Only**CUSTOMER DUE DILIGENCE PROFILE**

To be completed upon credible information obtained from Account Owner(s).
Use continuation sheets if necessary.

Check One:



Full Profile



Update (Complete only those items that have changed since Full Profile or last Update.)

ACCOUNT NO

0810

ACCOUNT OWNER

Enrique Ehrlich or David Ehrlich

(as in Account Application: if more than one, include all)

- 1 Name of individual who is referring the Account Owner to Bank Leumi USA (including identifying information / relationship to BLUSA)

ENT

- 2 Does (did) Account Owner own (alone or with others), or have a relationship with, other accounts at BLUSA or another bank or depository institution? yes ☒ no ☐

If "yes," indicate name of account, if different, and name and location of bank or other depository institution:

Name and Location of Bank or
Depository Institution

Name of Account, if different

Leumi Latin America

Hapoalim Latin America

- 3.1) Name of Account Owner

Home Address

Home Telephone

Account Owner's Occupation

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

For Personal Accounts Only

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

For Personal Accounts Only

3.2) Name of Account Owner

David

Home Address

Rogue Grasuras 639/602 Montevideo

Home Telephone

Account Owner's Occupation

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

3.3) Name of Account Owner

Home Address

Home Telephone

Account Owner's Occupation

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

If Account Owner is Retired: Provide date of retirement _____ and provide Occupation / Firm / Employer / Business information (above) for most recent employment.

4. Do others have, or are they expected to have, a beneficial ownership interest in the Account—for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?

yes ☐ no ☐

If "yes," provide the following information for each person (other than Account Owner) who has a beneficial ownership interest in the Account

Name

Address

Home Telephone

Business Telephone

Occupation

(Attach additional sheets if needed)

For Personal Accounts Only

5. a) What source(s) of funds will be used to open the Account or purchase investments?¹ Check all that apply and indicate dollar amounts.

Inheritances \$ _____ (provide details below)
 Savings from employment earnings \$ _____ (please provide details below)
 Operation of a business \$ _____ (provide details below)
 Investment activities \$ _____ (provide details below)
 Securities _____ Real estate _____ Sale of business _____ Other (describe) _____

Details: _____

b) Does Account Owner indicate additional funds will be transferred to the Account during next 12 months?
 yes ☒ no _____

If "yes," what will be source and expected *monthly* amounts of those funds?

Inheritances \$ _____ (provide details below)
 Savings from employment earnings \$ _____ (please provide details below)
 Operation of a business \$ _____ (provide details below)
 Investment activities \$ _____ (provide details below)
☒ Securities _____ Real estate _____ Sale of business _____ ☒ Other (describe) 350,000

Details: _____

c) During the next 12 months, what type and dollar amount of activities does Account Owner intend to conduct *monthly* through the Account? Indicate *monthly* US dollar volume for each category, both incoming and outgoing.

INCOMING FUNDS				OUTGOING FUNDS		
	WIRE TRANSFERS	CHECK DEPOSITS	CASH DEPOSITS	WIRE TRANSFERS	CHECK WITHDRAWALS	CASH WITHDRAWALS
US\$ or US\$ equivalent						

d) During the next 12 months, what type and *average monthly* dollar amount of asset holdings does the customer intend to maintain in the account?

	TRANSACTION ACC'S	TIME DEPOSITS	INVESTMENTS
US\$ or US\$ equivalent			<u>350,000 US</u>

¹ "Source of funds" means both (i) identity of remitting financial institution, and (ii) activities or circumstances which primarily resulted in acquisition of those funds. For

- Inheritances: indicate from whom.
- Operation of a business: indicate name, location, and nature of business.
- Securities investment activities: indicate name through which they were conducted—for example, if through a personal investment company, name of that company—and securities firm(s) through which securities investment activities were conducted.
- Real estate investment activities: identify their nature, name through which they were conducted, and any intermediary used.
- Sale of business: indicate name, location, and nature of business and when sold.

For Personal Accounts OnlyAccount Risk Evaluation

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Are any of the account owners, principals, partners, signers or beneficiaries a political figure or high-ranking military officer or closely related to a political figure or high-ranking military officer? | — | <input checked="" type="checkbox"/> |
| 2. For accounts opened in the U.S.A., are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the U.S.A.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the country where the office completing this form is located? | — | <input checked="" type="checkbox"/> |
| 4. Is the account owner a British Virgin Islands ("BVI") corporation, a Private Investment Company ("PIC") or a "bearer share" corporation? If yes, specify country of organization: _____ | — | <input checked="" type="checkbox"/> |
| 5. Does the total relationship with this customer exceed \$5 million? | — | <input checked="" type="checkbox"/> |
| 6. Does the customer expect to have more than 25 wire transactions / month or does the customer expect to have wire transfers totaling more than \$1,000,000 / month <u>excluding</u> internal bank transfers for Time Deposits and Investments? | — | <input checked="" type="checkbox"/> |
| 7. Is any account owner a currency dealer or exchanger; check casher; issuer of traveler's checks or money orders; seller or redeemer of traveler's checks or money orders; or money transmitter? | — | <input checked="" type="checkbox"/> |

Comments _____

For Personal Accounts Only

CERTIFICATION (for FULL PROFILE)

Account Name: Enrique Ehrlich or David Ehrlich

1. I met with Account Owner (name) Enrique Ehrlich on 9 17 2002.
2. Such individual provided the above information to me personally.
3. I examined such individual's (kind of acceptable photo identification) yes and confirm that the photo thereon shows a true likeness, and I have retained a copy of same in the file.
4. I verified such individual's residence address using (specify kind of acceptable document) yes and I have retained a copy of same in the file.
5. Such individual signed the Account Application in my presence on 9 17 2002; and
6. I reviewed the Account Application for completeness.

Signature: [Signature] or _____

Rep Office Employee (if applicable)

BLUSA Officer

Date: _____

Date: _____

Approved by: A. Ohlson

APPROVAL(S)

Representative (other Rep Office Employee signed Certification)

and

BLUSA Officer

OFAC List	Checked
By	On

Date: _____

Date: _____

If Rep Office Employee other than the Representative signs under "CERTIFICATION," the Representative must sign under "APPROVAL(S)." All accounts must be approved by a BLUSA officer